

**FILED**  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ JUN 24 2022 ★

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

Kenneth A. Berry Sr.

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

S.C. D.S.S./child Support  
Housing last 7 yrs. threw  
(D.S.S.)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. **CV 22 3764**

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
(check one)

**GUJARATI, J.**

**LOCKE, M. J.**

Community Housing Incubators  
Federation of organizations  
Suffolk Independent living

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Kenneth A. Berry Jr.</u>
Street Address	<u>99 Waverly Ave Apt N-1</u>
City and County	<u>Patchogue</u>
State and Zip Code	<u>NY 11772 #</u>
Telephone Number	<u>(631) 605-0846</u>
E-mail Address	<u>Kenneth A. Berry Jr.</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>Department of Social Services</u>
Job or Title	<u>Housing / Child Support</u>
(if known)	
Street Address	
City and County	<u>Suffolk County, NY</u>
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	

**Defendant No. 2**

Name	<u>C.H.I.</u>
Job or Title	<u>D.S.S. (Case-workers)</u>
(if known)	
Street Address	<u>Patchogue NY</u>
City and County	<u>Suffolk Co.</u>

State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

## Defendant No. 3

Name Federations of Organizations  
 Job or Title Housing Case workers  
 (if known) \_\_\_\_\_  
 Street Address City Waverly Ave.  
 and County State Patchogue, NY  
 and Zip Code 11772  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

## Defendant No. 4

Name (S.T.L.O.)  
 Job or Title Housing/Caseworkers  
 (if known) \_\_\_\_\_  
 Street Address City Patchogue/Hempstead  
 and County State Suffolk-Nassau Co.  
 and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

(Traumatic Injury) *Curtis v. DOJ*, 2009  
 (Actual Injury) *Rideau v. Minnick*, 2009  
 (Physical Injury) *Vasquez v. Ercole*, 2009

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Kenneth A. Berry Jr., is a citizen of the State of  
 (name) Maryland.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the  
 laws of the State of (name) \_\_\_\_\_, and has its  
 principal place of business in the State of (name)  
 \_\_\_\_\_.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) Jesse Cruz, is a citizen of the State  
 of (name) (New York). Or is a citizen of (foreign nation)  
 \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) Department of Social Services is incorporated under the laws of the State of (name) New York, and has its principal place of business in the State of (name) New York. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) New York / L.I..

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

I been denied help from the County from 2012 to 2015 (2016<sup>th</sup>) all finance has been taking while denying services + placing claims

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(S. 86(1)(b) D.S.S.) Denied - Medical + Housing  
Jesse Cruz (D.S.S.) Stalked, harassed, took finances  
Unlawfully. (Federations of Organizations) Blocked  
housing. Sec. - 8<sup>th</sup>) while trying to put false charges +  
Allegations against me. (Silo) No all that happened  
followed suit. to Injure, Stagnate, Block medical  
and finance help. to date.

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

*- Have back ground attachment -*

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_, 2022

Signature of Plaintiff

Printed Name of Plaintiff

*Kenneth A. Berry Jr.*  
*Kenneth A. Berry Jr.*

C-24-22

To: Whom it may Concern.  
Please file this Complaint &  
Exhibit with restrictions to  
have (Under-seal) as they contain  
Medical info and Social-Security  
documents.

Thank You.

Kenneth A. Berry Jr.



## **Kenkeneki Andrew Berry El'**

---

### **A definition for Physical Injury.**

---

In New York, physical injury is defined as any "impairment of physical condition or substantial pain." Vasquez v. Ercole, 2009 U.S. Dist. LEXIS 72037 (S.D.N.Y. Aug. 7, 2009)

### **A definition for Personal Injury.**

---

Personal injury law involves injury which is caused accidentally by another's failure to use reasonable care. The definition of reasonable care is determined on a case-by-case basis. A person may be liable for the injury caused through negligent or reckless action. The injury to the plaintiff must be caused by and be a foreseeable result of the defendant's action. Some of the defenses to liability for personal injury include intervening causes, pre-existing conditions, and assumption of the risk.

Types of personal injuries brought include injury and wrongful death cases arising from automobile, bike and pedestrian collisions, trucking accidents, boat and airplane accidents, construction accidents and OSHA violations, premises liability, product liability, nursing home liability, toxic and mass torts, medical malpractice, and other forms of negligence. A successful plaintiff in a personal injury suit may recover damages for medical expenses, property damage, emotional distress, pain and suffering, loss of consortium or companionship, lost wages, costs and attorney fees, and lost future earnings. An actual injury is defined as "actual prejudice with respect to contemplated or existing litigation, such as the inability to meet a filing deadline or to present a claim." Rideau v. Minnick, 2009 U.S. Dist. LEXIS 100147 (S.D. Cal. Oct. 26, 2009)

### **A definition for Traumatic Injury.**

---

Traumatic injury is defined as "a wound or a condition of the body caused by external force, including injuries inflicted by bullets, explosives, sharp instruments, blunt objects or other physical blows, chemicals, electricity, climatic



conditions, infectious diseases, radiation, and bacteria, but excluding stress and strain." Curtis v. DOJ, 2009 U.S. App. LEXIS 17200 (Fed. Cir. Aug. 4, 2009)**A definition for Injury in Fact.**

An injury in fact is defined as "an invasion of a legally protected interest which is (a) concrete and particularized and (b) actual or imminent, not conjectural or hypothetical." Kerchner v. Obama, 2009 U.S. Dist. LEXIS 97546 (D.N.J. Oct. 20, 2009)**A definition for Bodily Injury.**

Bodily injury means physical damage to a person's body. It is also referred to as physical injury. 18 USCS defines it as a cut, abrasion, bruise, burn, or disfigurement; physical pain ; illness; impairment of the function of a bodily member, organ, or mental faculty; or any other injury to the body, no matter how temporary.**A definition for Actual Injury.**

An actual injury is defined as "actual prejudice with respect to contemplated or existing litigation, such as the inability to meet a filing deadline or to present a claim." Rideau v. Minnick, 2009 U.S. Dist. LEXIS 100147 (S.D. Cal. Oct. 26, 2009)

#### **A definition for Physical Injury.**

---

In New York, physical injury is defined as any "impairment of physical condition or substantial pain." Vasquez v. Ercole, 2009 U.S. Dist. LEXIS 72037 (S.D.N.Y. Aug. 7, 2009)

#### **A definition for Life Threatening Injury.**

---

A life-threatening injury is defined as an "injury involving a substantial risk of death; loss or substantial impairment of the function of a bodily member, organ, or mental faculty that is likely to be permanent; or an obvious disfigurement that is likely to be permanent." United States v. Taylor, 2009 U.S. App. LEXIS 16394 (4th Cir. N.C. July 24, 2009)

**These are the definitions in Law to describe the injured: {Kenneth Berry} the plaintiff.**

## **Setting forth Factual background**

page:1#

[KENNETH A. BERRY]

Proof of: All legal Documents in fact, instruments to show facts beyond a doubt.

- (COMPUTER-CERTIFICATION) at ( DIX HILLS-WILSON TECHNOLOGY CENTER. 2008). My Child, my Daughter was adopted in 2008. (NASSAU SUFFOLK LAW) Would not help me or. with Housing. "Losing Rights of my Child'. and no assistance or help from any of the (Barrister agencies) nor, The Family Court Systems. Knowing, "I had won all Rights". I worked injured and Disabled to 2012. Until Physically injured working. No assistance or help.
- **Proof of: Denial and of "SUFFOLK COUNTY" legal entities. While no remedy provided.,and pursuit threw DSS Housing to attach Child Support Liens threw, Non Cooperation of Now ( Mrs. Kerry Turner,Tishler) to date: (2022)**
- **Proof the the Initial contact of persons threw Documents inflicting financial cause of injuries recurrence 2016. ( Ms. Jesse Cruz LMSW). (DSS/Housing).**
- Proof of: my Injury and Surgery where my Mail was opened and proof of receiving Unalienable finance due to DSS/Childsupport proof of the Finance... And The Accounting mistakes committed against me while healing from "Surgery". And changing of Medical, SECTION 8 HOUSING TO COUNTY. and hypothecation of Financial Documents erasing a lot of work History..
- Proof of: The attacks & Medical abuse to cause injury. Proof of Controlling my mail around my injuries.And the False criminal accusations with proof Victimization of Mail theft and I.D. Identification fraud documented through the( I.R.S.) and (Social

Security administration). While Operating to injure around using Psychiatric, County agencies and, workers,

- Proof of: Maid -up not valid Contracts. Non-traceable to date 2022. The Blocking 2016, 2017, 2018 2019, 2020 2021, of all Family , Finance, and ( Court Obligations while Injured). Ignoring and controlling through intimidation, Policing while Blocking Living arrangements. Blocking of (MRS, TURNER TISHLER)< according with Blocking of seeing my son using false Police Reports while going to (SUFFOLK COUNTY AGENCY SIMULTANEOUSLY ). using the County to incarcerate while support runs at the same time working as an agent. Housing Agreement and Obligated (Child-Support) Mandated obligations. 2022 still exists for my (SON) My property. To be final and Settled 2016. Being Workers ( for The County ) would not and never intended on while injured helping me with Doctors requests or Transitional Housing which Initiator, "Ms. Cruz, never intended".
- Creating unjust enrichment to date, has been intentionally denying me remedy in any Capacity. Furthering my Health, Medical, Financial and Business obligations by attacking & Denying my God giving right to freedom, equality and equal Justice. Prejudices, retaliation, the ability to resolve ongoing issues and False unwarranted illegal Civil attachments to subrogate and injure Financially.
- that have been occupying my existence threw false claims, liens, and Ability to handle my legal affairs with counter measures that delude to corporate subrogation. without resolution nor resolve to date is "Slavery Period which is not permitted"; United States of America the Republic..
- 2022 Due to seven years of relentless attacks to cause injury Present day "SUFFOLK COUNTY" Child Support Operations have successfully lasted Twenty-five years. **Mrs, Kerry Turner Tischler's involvement with the County, Continued the yearly 2003 to 2012.,**

- **Public slander, Ridicule publicly through Social media and internet access. Still gone unchallenged to date. with all I rebut and am aware of the civil damages...**
- Seeking Civil action for years of Co-operations against me. Unjust Administratively and Constitutionally done to injure, Mame, misconstrued and Block, What the County has never helped with nor had Delegated authority with Jurisdiction and no contracts to date over any of my Personal, Finances and Property I.E. My Children..
- Twenty-five years is and was, Null and Void. Due to being P.O.W. DETAINED **"Due to Userpment. further causes pain and suffering. I am Stating for Record for entry of my Disability, Im littigating for Three-Million Dollars for the years of Suffering while being attacked and Finances controlled to continue to Accrue Public debt, and unjust enrichment and deliberate injury. To date with presently County Affiliates, threw: "Patchogue Village, Brookhaven Town, suffolk county child support/DSS HOUSING Affiliates, interim" Cooperate around all my Finance as well as injuries to date to create liens unjust.**
- Simultaneously continuous, waivers of any **STATE/ FEDERALLY**, Assisted or disability help based on qualified **PROGRAMS** to help with what never had authority over without any Contracts legitimately Written or Verbal or Qualified with a witness. I am not assurity of agency Capital gain for SUFFOLK COUNTY Agencies without remedy, I am not a belligerent of the U.S or employee overstood> with or without facing my accusers In which there is no argument STATING THE FACTS.>..
- This is the Factual Background in which the whole truth Stated, and nothing but the truth.

Kenkeneki A. Berry El'  
[KENNETH A. BERRY]

# FAX COVER SHEET

**RECIPIENT:**

TO: Attn: Social Security  
 FAX NUMBER: 833-926-2695

**SENDER:**

FROM: Kenneth A. Berry Jr.  
 PHONE: (631) 605-0846  
 TOTAL PAGES: \_\_\_\_\_ (including cover sheet)

DATE: 3/9/22

**MESSAGE:**

My Summary was changed in  
2016<sup>#</sup> While healing from a surgery  
were all of my info was slandered,  
misconstrued and attacked do to my  
mail at 157 Huntingtons address in 2016 and opening mail  
all finances Hypothecated. heres your  
Proof - I didn't Recieve help to 2015.  
Why I submitting the Documents.

OK: Communication OK, S-OK: Stop communication, PW-OFF: Power switch OFF,  
 TEL: RX from TEL, NG: Other error, CON: Continue, NO Ans: No answer,  
 REFUSE: Receipt refused, BUSY: Busy, M-FULL: Memory full, LOUR: Receiving length over,  
 PWRH: Receiving page over, FIL: File error, DC: Decode error, MDN: MDN Response Error,  
 DSN: DSN Response Error, PRINT: Compulsory Memory document print,  
 DEL: Compulsory Memory document delete, SEND: Compulsory Memory document send.

Result

TX: Timer TX, POL: Polling, ORG: Original size setting, FME: Frame erase TX,  
 FMD: Forward, PC: PC-Fax, BND: Double-sided binding direction, SP: Special or Journal,  
 FCODE: F-code, RTX: Relay, MEX: Confidential, BUL: Bulletin, SIP: SIP Fax,  
 IPADR: IP Address Fax, I-FAX: Internet Fax

Note

18339262695	03-09 18:09	00:07:51	030/030	OK	
Addresssee	Start Time	Time	Prints	Result	Note

TX Result Report

P 1  
 03/09/2022 18:16  
 Serial No. A9HK011000026  
 TC: 145363

## TX Result Report

P 1  
06/01/2022 14:44  
Serial No. A9HK011000026  
TC: 157204

Addressee	Start Time	Time	Prints	Result	Note
17187418322	06-01 14:39	00:05:39	010/010	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,  
DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC,  
FWD:Forward, PCIP:Fax, BND:Double-Sided Binding Direction, SP:Special Original,  
FCODE:F-code, RX:Re-TX, RLY:Relay, MEX:Confidential, BUL:Bulletin, SIP:SIP Fax,  
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,  
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,  
Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length over,  
RQVR:Receiving page over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,  
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

# FAX

From: Kenneth A. Berry Jr. Fax: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: (631) 605-0846

To: DHR

Date: 6-1-22

Subject: Clousing

Comments: ★

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TX Result Report

P 1

03/22/2021 11:06

Serial No. A9HK011000026

TC: 100008

Addressee	Start Time	Time	Prints	Result	Note
16312082106	03-22 11:05	00:01:37	001/001	OK	

## Note

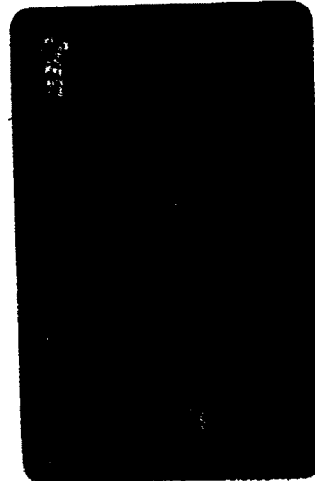
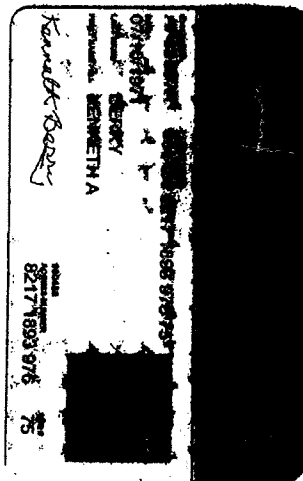
TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,  
 DPB:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC,  
 FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,  
 FCODE:F code, RTX:Re-TX, RLV:Relay, MEX:Confidential, SUL:Bulletin, SIP:SIP Fax,  
 IPADR:IP Address Fax, I-FAX:Internet Fax

## Result

OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,  
 TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,  
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,  
 PDUR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,  
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Please mail my  
 check to:  
 99 Waverly Ave.  
 Apt. N-1, Patchogue  
 NY. 11772 #

Attn:  
 Mrs. Barbara



Kameth Burns  
 3/20/21



# Social Security Administration Supplemental Security Income

SOCIAL SECURITY  
75 OAK STREET  
PATCHOGUE NY 11772

Date: February 22, 2022  
BNC#: 22S2708G32342

KENNETH BERRY  
99 WAVERLY AVE APT 1N  
PATCHOGUE, NY 11772

Time: 9:46 AM ET  
Unit: RZTEL

## Redetermination Summary for Determining Continuing Eligibility for Supplemental Security Income Payments

On February 22, 2022, you provided the following redetermination information to support your continuing eligibility for Supplemental Security Income payments and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your redetermination electronically in our records.

### What You Need To Do

- Review this summary to ensure we recorded your statements correctly.
- If you agree with all your statements, you should keep this summary for your records.
- If you disagree with any of your statements, you should contact us within 10 days after receiving this summary to let us know.

### Identification

My name is KENNETH BERRY. My Social Security claim number is ~~217-86-0198~~

I am not blind.

I am disabled. My disability began on October 22, 2012.

I never was married.

See Next Page

22S2708G32342  
02/22/2022

Page 3 of 11

The following statements describe my living arrangements as of March 4, 2016.

I began living at 157 E 3RD STREET, S HUNTINGTON, NY 11746 on March 3, 2016.

I did not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

I did not live anywhere permanently.

A person or agency did not give me food or shelter and did not pay my bills for these items.

The following statements describe my living arrangements as of July 12, 2016.

I began living at C/O 112 MOTEL, 2001 ROUTE 112, MEDFORD, NY 11763 on July 11, 2016.

I did not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

I did not live anywhere permanently.

A person or agency did not give me food or shelter and did not pay my bills for these items.

I do not expect these arrangements to change.

The following statements describe my living arrangements as of August 25, 2016.

I began living at 311 W MAIN ST, PATCHOGUE, NY 11772 on August 24, 2016.

I lived in a house/apartment/mobile home/houseboat.

I did not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

I lived alone.

I rented the home where I lived. The rent was \$220.00 monthly.

No one in the household was a parent or child of either the landlord or his/her spouse.

22S2708G32342  
02/22/2022

Page 6 of 11

### Permission to Contact Financial Institutions for KENNETH BERRY

We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, or (3) your eligibility for SSI terminates. If you do not give or cancel your permission, you will not be eligible for SSI and we will deny your claim or stop your payments.

I give SSA permission to contact any financial institution and request any financial records that financial institution may have about me.

### Authorization for the Social Security Administration to Obtain Personal Information for KENNETH BERRY. Dated March 1, 2016.

We ask authorization for any public or private custodian of records to disclose any information to the Social Security Administration when we think it is needed for Social Security benefits. Once authorized, our permission to receive this information remains in effect until one of the following occurs: (1) you notify us in writing that the authorization is revoked, (2) all Social Security applications are denied in a final decision or are withdrawn, or (3) eligibility for all Social Security benefits terminates.

I, KENNETH BERRY, authorize any public or private custodian of records to disclose to the Social Security Administration any records or information about me.

### Important Reminder

### Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in a redetermination, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

*Changed my standing  
Jesse Cruz*

*When Couldn't  
walk  
after Surgery*

# Social Security Administration



000896  
1/1



T3 P1 149722-7-3-3 - 896 BEV 0602



000896

KENNETH BERRY  
99 WAVERLY AVE APT 1N  
PATCHOGUE NY 11772-1930

Date: June 2, 2022  
BNC#: 22BC731G47854  
REF: A ,DI

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Supplemental Security Income Payments

Beginning January 2022, the current Supplemental Security Income payment is \$ 841.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

## Date of Birth Information

The date of birth shown on our records is July 10, 1971.

## Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

We are sending you this letter in both a standard print version and in a large print version. You will receive them in separate envelopes.

## Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

0010122N 9K001964 NOTAF X3.PB.BEVNOT.AFP.A220602.PAM 000000000 0026010635674962082311772193034



LDSS-2425A IAF (Rev. 3/11)

## REPAYMENT NOTICE

PA Only

NOTICE DATE 06/24/2016		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE SUFFOLK COUNTY DSS PO BOX 18100 HAUPPAUGE, NY 11788			
CASE NUMBER P00468864	CIN NUMBER AP89397R				
CASE NAME (And C/O Name if Present) AND ADDRESS  BERRY KENNETH c/o CHI 157 E 3RD STREET HUNTINGTON STA, NY 11746					
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		(631) 854-9839	
		OR Agency Conference		(631) 854-9839	
		Fair Hearing Information and Assistance		(800) 342-3334	
		Record Access		(631) 854-9839	
		Legal Assistance Information		See page 2	
OFFICE NO. M	UNIT NO. 80110	WORKER NO. 8015	UNIT OR WORKER NAME L. HAYES-SADOWSKI	TELEPHONE NO. (631) 854-9839	

Dear Sir/Madam

In accordance with your authorization, the Commissioner of the Social Security Administration has sent this Office a portion of your initial Supplemental Security Income (SSI) payment to repay benefits paid to you by this office. The repayment of benefits is for a period during which you received Safety Net Assistance and other payment furnished to you with State and local funds for your basic needs. The repayment period begins with the date you became eligible for payments of SSI benefits (or were reinstated after a period of suspension or termination) and ends in the month we received your repayment from SSA, or the following month if your Safety Net Assistance and other payments furnished to you could not be stopped soon enough. The SSA will distribute to you any balance from your initial SSI payment you are due according to their rules. This Office cannot help you with problems you have with how or when the SSA sends you the balance due to you from your SSI payment. For questions about how or when you will receive any balance from your initial SSI payment contact your local SSA office or call 1-800-772-1213.

The REGULATION that allows us to do this is 18 NYCRR Part 353.

The amount of public assistance received during this period is shown below.

MONTH	20 12	20 13	20 14	20 15	20 16
January		492.00	166.24	3128.93	4327.34
February		492.00	459.44	2748.81	3673.07
March		492.00	492.00	3181.25	1934.04
April		492.00	1452.00	3703.10	1743.85
May		492.00	1442.30	3820.34	
June		492.00	1264.87	3703.00	
July		0.00	492.00	3820.34	
August		0.00	492.00	3820.34	
September		0.00	492.00	182.80	
October		0.00	3342.90	3820.34	
November	243.00	13.69	3033.90	3703.00	
December	492.00	136.88	3128.93	3820.34	
<b>TOTAL</b>	<b>735.00</b>	<b>3102.57</b>	<b>16258.58</b>	<b>39452.59</b>	<b>11679.20</b>
					<b>TOTAL Interim Assistance</b> 71227.94

Remarks:

Accounting Fraud, Courtesy Theft.  
Unjust Enrichment practice

Total Amount of interim assistance reimbursement received from the SSA \$23826.00

Date this Office received interim assistance reimbursement from the SSA 06/21/2016

Date of Initial SSI Eligibility 10/01/2012

I certify that the above is a true statement of receipts and disbursements under our agreement with the Commissioner of the Social Security Administration for the purpose of furnishing interim assistance to individuals as established in Section 1631(g) of the Social Security Act (42 U.S. Code 1383(g)).

*L Hayes-Sadowski*  
Worker's Signature

Social Services Examiner I  
Title

YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION